

URGENT: NOTICE OF PENDING POLICY LAPSE

Date: [Current Date]

Policyholder Name: [Policyholder Name]

Policy Number: [Policy Number]

Outstanding Balance: [Amount Due]

Dear [Policyholder Name],

Our records indicate that we have not yet received the premium payment for the policy listed above. Your contractual grace period is scheduled to expire on **[Expiration Date]**.

Please be advised that if payment is not received by the date mentioned above, your coverage will lapse and all benefits associated with this policy will terminate at midnight on that date. A lapse in coverage may result in a loss of protection and could require a formal reinstatement process, which may include new medical underwriting or additional fees.

Action Required:

To keep your policy active, please submit a payment of **[Amount Due]** immediately. You may pay via the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Mailing Address for Payments]

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship or have questions regarding your account, please contact our Customer Service Department at [Phone Number] before the expiration date.

Sincerely,

[Company Name]

[Department Name]

[Contact Information]